

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716837

1. Entity Name

KIWANIS CLUB OF LEHIGH ACRES, FLORIDA, INC.

Principal Place of Business

14 S HOMESTEAD ROAD
P.O. BOX 635
LEHIGH ACRES FL 33936

Mailing Address

14 S HOMESTEAD ROAD
P.O. BOX 635
LEHIGH ACRES FL 33970-0635

2. Principal Place of Business

15 S Homestead Rd

3. Mailing Address

15 S. Homestead Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres, Fla

City & State

Lehigh Acres, Fla

Zip

33936

Country

US

Zip

33936

Country

US

4. FEI Number

59-2526208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGLICKIS, RICHARD A
643 GRANDVIEW DR.
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME LODA, LOU
STREET ADDRESS 1104 E 13TH STREET
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE ☐ Delete

NAME BOYD, BRUCE JR.
STREET ADDRESS 1802 7TH ST.
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE ☐ Delete

NAME ANGLICKIS, RICHARD
STREET ADDRESS 643 GRANDVIEW DR
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Delete

NAME BAKER, WILLIAM A
STREET ADDRESS 609 NORTH AVE.
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Delete

NAME OLLIFF, JON R
STREET ADDRESS 210 LAKE AVE NORTH
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE ☐ Delete

NAME BROWN, ROBERT
STREET ADDRESS 353 RICHLAND RD
CITY-ST-ZIP LEHIGH ACRES, FL 00000

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90079 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)